



# MAINE STATE BOARD OF NURSING

161 Capitol Street • 158 State House Station  
Augusta, Maine 04333-0158  
(207) 287-1133

## APPLICATION FOR AN ADDITIONAL SPECIALTY TO AN EXISTING NURSE PRACTITIONER OR CLINICAL NURSE SPECIALIST LICENSE

**DO NOT WRITE IN THIS SPACE**

Application Approved by Board of Nursing:

Application Received \_\_\_\_\_

Chair

Fee: ☐ CC ☐ Cash ☐ Check ☐ MO

Executive Director

Date

### INSTRUCTIONS

An applicant must submit to the Board of Nursing office the following:

1. application form completed in ink or typewritten, with signature in applicant's handwriting, properly notarized, and
2. fee of **\$50**, per specialty, in the form of Visa/Mastercard, U.S. check or money order in U.S. funds, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (2x2 and not more than two years old), **signed and dated**, and enclosed with the application form, and
4. verification of authority to test from your certifying body (*N/A if already certified*), and
5. receipt verifying your scheduled test date (*N/A if already certified*), and
6. verification of certification in the advanced practice registered nurse specialty or specialties from your national certifying body(ies) (other than ANCC and NCC which can be downloaded), and
7. final nursing transcript with degree or post master's certificate conferred directly from your advanced practice nursing program

It is imperative that you supply us with your entire name, including any and all previously used names. If you do not have middle, maiden, or previous names, then "NONE" must be entered in the appropriate space.

**YOU MAY NOT PRACTICE NURSING IN MAINE UNTIL YOU RECEIVE AUTHORIZATION FROM THIS OFFICE.**

**THE APPLICATION FEE IS NOT REFUNDABLE**

### SECTION I. PROFILE INFORMATION

Print legal name

\_\_\_\_\_  
(first) (full middle) (maiden) (last)

List any other names used previously

Mailing address\* (street)

**This is considered your public  
contact address.**

\_\_\_\_\_  
(city) (county) (state and zip code)

Residential address (if different from above)

Telephone Number(s)

\_\_\_\_\_  
(home) (mobile) (business)

Email address

Social Security #:

Birthplace

Date of Birth

(city/state)

(month/day/year)

**SECTION II.      ADVANCED PRACTICE NURSING EDUCATION FOR ADDITIONAL SPECIALTY**

School of Advanced Practice Nursing \_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

Date of Entrance \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Accrediting Agency \_\_\_\_\_

Certificate ☐

Baccalaureate ☐

Masters ☐

Doctoral ☐

Post Masters ☐

**SECTION III.      LICENSURE HISTORY**

What specialty(ies) are you adding? \_\_\_\_\_

Specialty(ies) being added to **NP** License? ☐ YES ☐ NO      NP License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Specialty(ies) being added to **CNS** License? ☐ YES ☐ NO      CNS License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SECTION IV.      NURSE PRACTITIONER CERTIFICATION**

Are you currently certified in a specialty(ies) by a national certifying body?

☐ If **YES**, indicate the specialty(ies) and certifying body(ies): \_\_\_\_\_

☐ If **NO**, indicate name of qualifying examination(s) and date(s) scheduled to test: \_\_\_\_\_

**SECTION VII.      DISCIPLINARY INFORMATION**

- A. Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ☐ YES ☐ NO
- B. Is there any complaint pending against your license in any state or jurisdiction? ☐ YES ☐ NO
- C. Have you ever been disciplined for problems resulting from a physical illness or condition? ☐ YES ☐ NO
- D. Have you ever been disciplined for problems resulting from mental illness? ☐ YES ☐ NO
- E. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug? ☐ YES ☐ NO
- F. Have you ever been disciplined for problems resulting from chemical dependency? ☐ YES ☐ NO

G. For any criminal offense, including those pending appeal, have you: (please circle below all that apply)

☐ YES ☐ NO

- a. Been convicted of a misdemeanor?
- b. Been convicted of a felony?
- c. Pled nolo contendere, no contest, or guilty?
- d. Received deferred adjudication?
- e. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- f. Been sentenced to serve jail or prison time? court ordered confinement?
- g. Been granted pre-trial diversion?
- h. Been arrested or have any pending criminal charges?
- i. Been cited or charged with any violation of the law? (except for parking and/or other traffic violations)
- j. Been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

H. Are you currently the target or subject of a grand jury or governmental agency investigation?

☐ YES ☐ NO

**NOTE:** If you answered "YES" to questions A-G listed above, attach a letter of explanation that is dated and signed indicating the circumstance you are reporting to the Board. If you answered "YES" to questions G or H, you must also attach the document(s) showing the disposition of the case(s).

## SECTION VI. DECLARATION OF LEGAL RESIDENCE

- A. I declare that the State of \_\_\_\_\_ is my primary state of residence as of \_\_\_\_\_ (date) and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)
- B. Upon licensure in Maine, in which state(s) do you intend to practice?
- C. Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government? ☐ YES ☐ NO

### TAPE TOP ONLY

one recent photograph

**Sign back of photo and indicate year taken**

Photo must be:

Full face view

Passport type

← 2 x 2 only →

Clear and recognizable likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understand this affidavit.

Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

**(SEAL)**

My commission expires \_\_\_\_\_ in and for the State of \_\_\_\_\_



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## BASIC NURSING INFORMATION FORM

***To be completed by advanced practice registered nurse who legally reside in and hold a multistate license in another compact state and have never been issued a Maine registered professional nursing license.***

**Applicant Name:** \_\_\_\_\_  
(First) (Middle) (Last)

### 1. BASIC NURSING EDUCATION

School of Professional Nursing: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Entrance: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ Length of Program: \_\_\_\_\_

- If program is less than 2 years, please give details on a separate sheet of paper (i.e. if you have a previous degree)
- If foreign prepared, transcript is required

☐ Diploma ☐ Associate ☐ Baccalaureate ☐ Masters ☐ Doctoral ☐ Certificate

### 2. LICENSURE HISTORY

Original  
Registration: State/Country \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

If licensed in another country, what U.S. State were you originally licensed in? State \_\_\_\_\_ License # \_\_\_\_\_

Verification of licensure required from original U.S. state jurisdiction and country (if applicable) via NURSYS at [www.nursys.com](http://www.nursys.com) (NURSYS verification participating state) or paper document directly from country and/or state (non-participating NURSYS state).